

# WISCONSIN NATIONAL GUARD RETIREE COUNCIL RETIREE APPRECIATION DAY REGISTRATION FORM

(Return no later than 10 September 2015)

Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_

Service: Army \_\_\_\_\_ Air \_\_\_\_\_ Other \_\_\_\_\_

Status: Receiving retired pay \_\_\_\_\_

Not yet receiving retired pay (Gray Area) \_\_\_\_\_

Your age: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Meals you plan to eat: \_\_\_\_\_ Friday evening  
\_\_\_\_\_ Saturday breakfast  
\_\_\_\_\_ Saturday lunch

**NOTE: YOU WILL PAY FOR MEALS WHEN SIGNING IN AT DINING FACILITY**

Please check those breakouts you believe you will attend (two per person):

Retirement Services\_\_\_\_, TRICARE\_\_\_\_, TRICARE Dental\_\_\_\_, Wills &  
Trusts\_\_\_\_, Family Support\_\_\_\_, Social Security Admin\_\_\_\_, Long Term  
Care\_\_\_\_, Ft McCoy Finance\_\_\_\_, MOAA\_\_\_\_, Space-A program\_\_\_\_, King  
Veterans Home\_\_\_\_, Vets in Piping\_\_\_\_.

Are you interested in a blood pressure check? \_\_\_\_Yes \_\_\_\_No

Registration Fee: \_\_\_\_\_ @ \$10.00 per person Total \$ \_\_\_\_\_

(pay by check only)

Make check (for registration fee only) payable to: WI NG Retiree Council

Mail to: RETIREE COUNCIL APPRECIATION DAY  
RETIREE ACTIVITIES OFFICE – ROOM 160  
PO BOX 8111  
MADISON, WI 53708-8111